

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596333

FILING DATE

6-9-6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11		10		10		
12		11		11		
13		12		12		
14		13		13		
15	1	14	1	14		
16		15		15		
17		16		16		
18		17		17		
19	1	18	1	18		
20		19		19		
21		20		20		
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45		44		44		
46		45		45		
47		46		46		
48		47		47		
49		48		48		
50		49		49		
TOTAL IND.	3		3			
TOTAL DEP.	18		22			
TOTAL CLAIMS	21		25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						